

April 24, 2003

David Martinez  
TWCC Medical Dispute Resolution  
4000 IH 35 South, MS 48  
Austin, TX 78704

MDR Tracking #: M2-03-0825-01  
IRO #: 5251

\_\_\_ has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this case to \_\_\_ for independent review in accordance with TWCC Rule 133.308 which allows for medical dispute resolution by an IRO.

\_\_\_ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

The independent review was performed by a matched peer with the treating doctor. This case was reviewed by a licensed Medical Doctor with a specialty and board certification in Radiology. The \_\_\_ health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors or providers who reviewed the case for a determination prior to the referral to \_\_\_ for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

#### CLINICAL HISTORY

\_\_\_ is a 54-year-old woman who tripped and fell, sustaining low back injury. She was seen in the ER on the date of injury and lumbar x-rays were taken. \_\_\_ was treated conservatively and seen in follow-up by neurosurgeon \_\_\_ on 4/30/02. On 5/17/02 a lumbar MRI demonstrated degenerative disc disease at L3/4 disc space, disc bulging, central canal and neural foraminal stenosis bilaterally. She was also found to have a central disc protrusion, of which the significance is unclear, at the L4/5 level. A physical examination at this time showed no weakness, and a straight leg raising exam (SLR) was negative.

A follow-up exam on 7/2/02 demonstrated a change. At that time, the patient had more right leg pain with a positive right SLR exam. Also, conservative measures of physical therapy and medical therapy were not helping.

The follow-up exam on 2/11/03 showed yet further change with new tenderness over L3/4 disc space level.

\_\_\_ notes are clear in requesting a myelogram/CT exam for further evaluation and for surgical planning.

#### REQUESTED SERVICE

A lumbar myelogram with CT scan is requested for this injured worker.

### DECISION

The reviewer disagrees with the prior adverse determination.

### BASIS FOR THE DECISION

It is well known that MRI poorly evaluates cortical bone. Since there is obvious arthritis with cortical bony spurring, this finding, and the degree of spinal stenosis, would be more completely evaluated with myelogram/CT. (1, 2)

\_\_\_ pre-surgical planning rationale is well described in the notes. This type of planning is normally done with CT, not MRI, since surgical screws are placed into bone and bone is better seen on CT.

Conservative measures including physical therapy and epidural injection have not helped.

The physical examinations show deterioration over several months.

The reviewer finds comments of previous reviewers (\_\_\_ on 12/23/02 and \_\_\_ on 1/17/03) to be illogical. In the former, “minimal findings on the previous imaging study” were described but “marked disc space narrowing,” “moderate osteophytic ridging” and “mild to moderate foraminal narrowing” would not be considered *minimal* by most observers. In the latter, the reviewer states, “It is unclear how the requested study will impact the treatment plan. She has already benefited...” In reality, the patient had not benefited; she had worsened. In addition, \_\_\_ notes clearly describe how the study will impact \_\_\_ surgical treatment plan.

\_\_\_ has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. \_\_\_ has made no determinations regarding benefits available under the injured employee’s policy.

As an officer of \_\_\_, I certify that there is no known conflict between the reviewer, \_\_\_ and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

\_\_\_ is forwarding by mail and, in the case of time sensitive matters by facsimile, a copy of this finding to the treating doctor, payor and/or URA, patient and the TWCC.

Sincerely,

### References

1. Radiologic Clinics of North America. Imaging Lumbar Spinal Stenosis. 2001; 39(1): 31-53
2. Ibid, Acquired Degenerative Changes of the Intervertebral Segments at and Subjacent to the Lumbosacral Junction. 2001; 39(1): 73-99

### **YOUR RIGHT TO REQUEST A HEARING**

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

In the case of prospective *spinal surgery* decision, a request for a hearing must be made in writing and it must be received by the TWCC Chief Clerk of Proceedings within 10 days of your receipt of this decision. (20 Tex. Admin. Code 142.5(c)).

In the case of other *prospective (preauthorization) medical necessity* disputes a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision (28 Tex. Admin. Code 148.3).

This decision is deemed received by you 5 (five) days after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for a hearing should be sent to: Chief Clerk of Proceedings, Texas Worker's Compensation Commission, P.O. Box 40669, Austin, TX 78704-0012. A copy of this decision should be attached to the request.

The party appealing this decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute, per TWCC rule 133.308(t)(2).

**I hereby certify, in accordance with TWCC Rule 102.4 (h), that a copy of this Independent Review Organization decision was sent to the carrier, requestor, claimant (and/or the claimant's representative) and the TWCC via facsimile, U.S. Postal Service or both on this 24<sup>th</sup> day of April 2003.**